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General Assembly
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Official Records

84th plenary meeting
Monday, 10 June 2013, 3 p.m.
New York

President: Mr. Jeremić ..... (Serbia)

In the absence of the President, Mr. Charles (Trinidad and Tobago), Vice-President, took the Chair.

The meeting was called to order at 3.15 p.m.

Agenda item 7 (*continued*)

Organization of work, adoption of the agenda and allocation of items

The Acting President: In order for the Assembly to consider the report of the Fifth Committee under the sub-items, it will be necessary to reopen consideration of subitems (d) and (h) of agenda item 111.

May I take it that it is the wish of the General Assembly to reopen consideration of sub-items (d) and (h) of agenda item 111 and proceed immediately to their consideration?

It was so decided.

Agenda item 111 (*continued*)

Appointments to fill vacancies in subsidiary organs and other appointments

(d) Appointment of members of the International Civil Service Commission

Report of the Fifth Committee (A/67/562/Add.1)

The Acting President: In paragraph 3 of its report contained in document A/67/562/Add.1, the Fifth Committee recommends that the General Assembly appoint Mr. Larbi Djacta of Algeria as a member of the International Civil Service Commission for a term of office beginning on 10 June 2013 and ending on 31 December 2016.

May I take it that it is the wish of the Assembly to appoint Mr. Larbi Djacta of Algeria as a member of the International Civil Service Commission for a term of office beginning on 10 June 2013 and ending on 31 December 2016?

It was so decided.

The Acting President: May I take it that it is the wish of the General Assembly to conclude its consideration of sub-item (d) of agenda item 111?

It was so decided.

(h) Confirmation of the appointment of the Secretary-General of the United Nations Conference on Trade and Development

Note by the Secretary-General (A/67/862)

The Acting President: In paragraph 2 of his note contained in document A/67/862, the Secretary-General, pursuant to paragraph 27 of section II, of General Assembly resolution 1995 (XIX) of 30 December 1964, proposes to appoint Mr. Mukhisa Kituyi of Kenya as Secretary-General of the United Nations Conference on Trade and Development for a term of office of four years, beginning on 1 September 2013 and ending on 31 August 2017.

May I take it that the General Assembly, on the proposal of the Secretary-General, wishes to confirm the appointment of Mr. Mukhisa Kituyi of Kenya as

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Secretary-General of the United Nations Conference on Trade and Development for a term of office of four years, beginning on 1 September 2013 and ending on 31 August 2017?

It was so decided.

The Acting President: May I take it that it is the wish of the Assembly to conclude its consideration of sub-item (h) of agenda item 111?

It was so decided.

Agenda item 11

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV/AIDS

Report of the Secretary-General (A/67/822)

Draft decision (A/67/L.69)

The Acting President: Before proceeding further, I should like to inform members that action on draft decision A/67/L.69 has been postponed to a later date to be announced.

I will now deliver a statement on behalf of the President of the General Assembly.

"This year's meeting of the General Assembly to review the progress made in the global AIDS response is of significant importance. It comes at a critical juncture, as the international community accelerates the push to achieve the Millennium Development Goals (MDGs) and embarks on deliberations to define a new, universal development agenda for the post-2015 era.

"I would like to thank the Secretary-General for his report on this subject (A/67/822). The report clearly demonstrates that the world is making unprecedented progress towards the ambitious targets unanimously agreed by Member States in the 2011 Political Declaration (resolution 65/277).

"Our momentum has rarely felt as strong as it does now. The rate of new HIV infections and AIDS-related mortality have continued to decline. For the first time, there are more people living with HIV who are accessing life-saving treatment, at 54 per cent, than those without it. Fewer infants are born with HIV, reinforcing our push for an AIDS-free generation. And recent scientific breakthroughs give us confidence that with sustained political and financial commitment, we can one day overcome this epidemic.

"We can truly feel proud of this progress. It has been brought about by commitment and investments, in resources and effort, by all stakeholders. We need to maintain this momentum.

"Notwithstanding the strides made in addressing the scourge of HIV and AIDS, more challenges remain. As noted in the Secretary-General's report, the AIDS pandemic is far from over. Over 2.5 million people are newly infected with HIV, almost half of people in need of HIV treatment still do not have access and new HIV infections and AIDS-related deaths are still rising in some parts of the world.

"Of further concern is that key populations which are at higher risk of HIV infection are largely left behind and often criminalized. The stigma and discrimination that fuel the spread of the virus are still rampant across the world.

"With less than 1,000 days left to address these challenges in order to reach the goals of the 2011 Political Declaration, I call on all stakeholders to accelerate and scale up their efforts in this regard.

"I would like to encourage Member States to utilize this review as a bridge towards the upcoming high-level event on MDGs by looking for ways that will help strengthen the synergies between the AIDS response and other MDGs. By leveraging the AIDS response as an engine to advance progress towards the other MDGs and broader social and economic development, we can maximize the impact of scarce resources and promote sustainable development for the post-2015 era.

"I welcome the recommendation in the Secretary-General's High-level Panel Report to include HIV/AIDS in the post-2015 development framework. For the road ahead, to 2015 and beyond, we must uphold our commitment to universal access to HIV prevention, treatment, care and support by making sure that no one is criminalized, excluded or left behind.

"Working together, we can do more. Let us be bold in pursuing our vision of a world with zero new infections, zero AIDS-related deaths and zero stigma and discrimination."

I now give the floor to the Secretary-General, His Excellency Mr. Ban Ki-moon.

The Secretary-General: Thank you, Sir, for the opportunity to address the Assembly at this important meeting on the progress in our global struggle against AIDS. I thank Mr. Michel Sidibé for his excellent leadership at the helm of the Joint United Nations Programme on HIV/AIDS (UNAIDS). I applaud the engagement of Governments and especially commend all the representatives from civil society who have done so much to advance this cause.

Today's review is taking place almost halfway to the target date set by the 2011 Political Declaration. We have made important progress to turn the tide of the HIV epidemic. We are paving the way to achieve an AIDS-free generation.

Overall, we have reached the Millennium Development Goal to halt and reverse the spread of AIDS by 2015. But we must do more for individual countries and communities, and we need additional funding to fully realize our vision.

In more than 56 States, we have stabilized the epidemic and reversed the rate of new infections. Globally, new HIV infections have declined by one fifth since 2001. Treatment now reaches more than half of all those who need it in low- and middle-income countries.

Now we have to expand antiretroviral therapy. That is a human rights imperative and a public-health necessity. Treatment prevents sickness, saves lives and eases the economic hardship that can cripple whole communities. We have brought the cost of many medicines down dramatically. We must continue to push hard for greater results.

Women and girls are still at an unacceptably high risk of HIV. Every minute a young woman is infected. Children's access to HIV treatment remains particularly low; fewer than one third of children living with HIV receive the treatment they need.

I continue to be disturbed by the widespread stigma, discrimination, gender-based violence and punitive laws against people living with HIV as well as those at high risk of infection. The problem cannot be solved with more money. We all have to step up with courage and integrity to protect the vulnerable members of our human family. Some 45 countries and territories continue to deny entry, stay and residence to people living with HIV. I call on them to repeal those discriminatory laws.

There is not enough funding for programmes to help key populations, including sex workers, men who have sex with men and people who use drugs. I urge that more resources be allocated for such life-saving initiatives.

I call for efforts across society to eliminate the stigma and discrimination that surround HIV. Many Governments and community leaders still have laws and policies that criminalize key populations and force them underground. That is discriminatory and counterproductive. It drives people away from information, testing, treatment, care and support services. I have consistently said that human rights are universal and must be universally respected.

This year marks the thirtieth anniversary of the drafting of the Denver Principles, which became the Bill of Rights for people living with HIV and led to the International Patient's Bill of Rights. We should remember the cry of the first activists against AIDS, who said: "Nothing for us without us". People affected by HIV must be engaged and empowered on the decisions that affect them.

The General Assembly's 2011 Political Declaration set out a new framework of shared responsibility and global solidarity. Since then, we have moved closer to our goal of no new HIV infections, no discrimination and no AIDS-related deaths. We must move from treating millions with the disease to giving billions the opportunity to live healthy lives. The HIV response can help to build stronger, integrated health-care systems that respond to broad needs across society.

As the world shapes a post-2015 development agenda, we can draw important lessons from the global AIDS response. We can take inspiration from the activists, health workers, fundraisers, diplomats and ministers — the General Assembly and all present here.

Now let us rise to the many serious challenges that remain to get the job done. UNAIDS asked a number of people living with HIV for their message to the world. One young mother said, "If you take care of yourself today, you will avoid having to take care of things tomorrow".

Let us press forward now so that we can realize an AIDS-free world.

The Acting President: I thank the Secretary-General for his statement.

Before proceeding further, I should like to welcome, on behalf of the Assembly, Mr. Tegegnework Gettu, the new Under-Secretary-General for General Assembly and Conference Management, and to wish him all the best.

I now give the floor to the representative of Djibouti, who will speak on behalf of the Group of African States.

Mr. Olhaye (Djibouti): I have the honour to deliver this statement on behalf of the African Group.

The African Group thanks the Secretary-General for his report entitled "Accelerating the AIDS response: achieving the targets of the 2011 Political Declaration" (A/67/822) and takes note of its recommendations, as expressed in our letter addressed to the President of the General Assembly.

Let me join you, Mr. President, in expressing our distinct pleasure and happiness at seeing seated next to Mr. Tegegnework Gettu, the new Under-Secretary-General for General Assembly and Conference Services. He is an exemplary international civil servant, and we wish him the best.

I wish also to recognize the presence in our midst of the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Mr. Michel Sidibé, whose diligence and commitment have without a doubt surpassed all of our expectations. He is doing an incredibly wonderful job, and we thank him for his relentless efforts to improve the plight of those affected.

Today we are gathered here to assess the implementation of the 2011 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, which provides us with a road map towards a vision of no new HIV infections, no discrimination and no more AIDS-related deaths; to reduce by 50 per cent new infections from sexual transmission and from risky behaviours, such as among injecting drug users; to substantially increase funding; and to meet the needs of women and girls.

Africa's commitment to addressing HIV/AIDS remains unwavering. As a reflection of that commitment, Africa continues to put in place initiatives aimed at accelerating progress in the continent's HIV/AIDS response efforts. These include the African Union road map on shared responsibility and global solidarity for AIDS, malaria and tuberculosis adopted by our Heads of State and Government in 2012, whose progress is being assessed by the Action Committee of Heads of State and Government of AIDS Watch Africa. The road map established a response plan to improve health governance, diversify financing and accelerate access to affordable, high-quality medicines.

In addition, at the recent African Union (AU) Summit, in recognition of the international community's role in the AIDS response, the first thematic accountability report on the AU-Group of Eight partnership, entitled "Delivering Results Towards Ending AIDS, Tuberculosis and Malaria in Africa", was launched to encourage further AU and Group of Eight (G-8) commitments. The report calls on both AU member States and members of the G-8 to exercise greater leadership, particularly on access to medicines, sustainable financing, human rights and gender equality.

The Secretary-General's report suggests the need for shared responsibility and increased domestic investment in scaling up the treatment of HIV and AIDS. We therefore call on our partners to fully fulfil their commitments towards the fight against the endemic so that gains achieved on prevention and treatment are sustained. They should continue to increase their contributions in order to close the funding gap.

Regarding that endeavour, we also recall the African leaders' commitment made in June 2006, in Abuja, Nigeria, when they declared 2010 the year of universal access to HIV prevention, treatment, care and support services for the African continent. They also committed to allocate 15 per cent of their national budgets to health, mobilizing human, material and financial resources for prevention, care, treatment and support to deal with the epidemic and other infectious diseases.

Since then significant strides have been made in combating HIV and AIDS. In recent years Africa and its partners have made considerable progress in creating awareness and in mitigating the pandemic amongst its population. Africa has also made significant progress in providing universal access to health services in general and to HIV and AIDS in particular.

The rate of new infections has declined or stabilized in many African States, and AIDS-related deaths in sub-Saharan Africa have fallen by one third compared

to the past six years as treatment coverage is improving. Coverage and prevention of mother-to-child HIV transmission increased across Africa from 15 per cent in 2005 to 54 per cent in 2009, and numerous behavioural indicators, including delayed sexual activity, a decline in the number of multiple sexual partners and increased condom use, are indicative of favourable trends.

In that regard, the African Group reaffirms the central role of the family and takes the different cultural, religious and ethical factors into account in reducing the vulnerability of children and young people. It does that by ensuring that primary and secondary education is accessible to boys and girls, HIV and AIDS are included in the curricula for adolescents, by ensuring a safe and secure environments, especially for young girls, by expanding good-quality youth-friendly information, sexual health education and counselling services, as well as by strengthening sexual and reproductive health programmes.

The campaign to combat AIDS is still suffering from a serious shortfall in resources and from the stigma and discrimination attached to it. Access to HIV treatment in sub-Saharan Africa reaches 56 per cent of those affected. In that connection, the African Group is deeply concerned by the fact that funding devoted to HIV and AIDS responses is still not proportionate to the magnitude of the epidemic, either nationally or internationally, and that the ongoing global financial and economic crisis continues to negatively impact the HIV and AIDS response at all levels.

We would therefore welcome the increased available resources that would result from the establishment of timetables by many developed countries, aimed at achieving a target of 0.7 per cent of gross national product for official development assistance by 2015. We also want to stress the importance of complementary innovative sources of financing, in addition to traditional funding, including official development assistance, to support national strategies, financing plans and multilateral efforts to combat HIV and AIDS.

The African Group underscores the vital importance of guaranteeing access to affordable treatments, vaccines, medicines, traditional medicine and indigenous knowledge, and of prioritizing the search for solutions that would have the pharmaceutical industry license the production of HIV medicines to generic companies in the developing world. That would be done through greater coordination efforts with the World Health Organization (WHO), the World Trade Organization and the World Intellectual Property Organization, so as to ensure that intellectual property rights do not hinder access to affordable medicines and slow access to the next generation of treatment, medicines and vaccines. At the same time, appropriate legislation and international trade regulations should be enacted and utilized to ensure that prices for medicines and commodities are affordable. The same applies to technologies for HIV treatment, care and prevention technologies, including vaccines, medicines and antiretroviral therapy.

The African Group also urges developed countries to support the strengthening of health systems in developing countries by implementing the WHO Global Code of Practice on the International Recruitment of Health Personnel, as a chronic shortage of health workers in developing countries is hampering efforts to combat HIV and AIDS. The African Group welcomes medical research development and technological initiatives that ensure that HIV and AIDS treatment is accessible, affordable to all and of excellent quality. We believe that the target of giving HIV treatment to 15 million people set by the Secretary-General is achievable only if the significant current gains in HIV prevention and antiretroviral treatment are sustained. For our part, we are strengthening HIV treatment so as to prevent mother-to-child transmission. We therefore ask the international community to help in creating an enabling environment, one that includes reviewing policies that will foster generic competition to reduce drug prices.

Finally, we want to re-emphasize our commitment and determination to work towards an AIDS-free generation, an imperative for sustainable development. That is a paramount objective that transcends Governments. Together, leaders on the continent, professionals, the private sector, civil society, people living with HIV, the young and the old must all work together to prevent new infections, which continue to outpace the number of people starting treatment.

Let us intensify our efforts to provide all women and children at risk of HIV with the requisite services. A clear political will and commitment exists across the continent and internationally for achieving universal access and the health-related Millenium Development Goals (MDGs) by 2015.

Mr. Gaspard (Haiti) (*spoke in French*): I have the honour to speak on behalf of the 14 States members of the Caribbean Community (CARICOM) at this important meeting to consider the implementation of both the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and the Political Declaration on HIV/AIDS (resolution 65/277, annex). In that regard, CARICOM thanks the Secretary-General for his latest report on the subject (A/67/822).

CARICOM accords the highest priority to achieving the best strategies to implement the framework for the fight against HIV/AIDS. The region's response to the issue continues to be led by the Pan-Caribbean Partnership against HIV/AIDS (PANCAP), established in 2001 by the CARICOM Heads of Government.

Regional authorities have also endorsed the need for closer collaboration between the newly established Caribbean Public Health Agency and PANCAP to strengthen regional efforts to achieve the targets set in relation to the global problem. Our multisectoral response involves close collaboration between the aforementioned agencies and the regional councils of trade, finance and foreign and community relations, as well as with the education, health, youth, culture and sport sectors in the region. Additionally, our regional response involves work done in partnership with the Pan American Health Organization and the World Health Organization, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United States President's Emergency Plan for AIDS Relief and a number of other development partners.

According to the 2012 UNAIDS Global Report, the Caribbean remains one of the regions most affected by HIV and AIDS. However, it is important to note that steady progress continues to be made through efforts to achieve a number of the targets identified in terms of achieving the Millennium Development Goals by 2015. In particular, those include a sharp decline in new infections in the region since 2001, a significant decrease in mortality from HIV/AIDS-related causes between 2005 and 2011 and a reduction in the mother-to-child transmission of HIV.

At the most recent high-level regional meeting on AIDS, held in 2011, a number of targets were set. The region has made notable progress in achieving the new targets, although a number of challenges remain. For example, a number of regional and country-level activities are aimed at changing sexual behaviour. We share the view that this is fundamental if we are to achieve the target of reducing the sexual transmission of the disease by 50 per cent by 2015. In that regard, emphasis is placed on raising the age of sexual initiation, reducing the number of sexual encounters with multiple partners and increasing condom use.

Efforts are also under way to educate youth and women, including girls, to enable them to make informed decisions about sexual behaviour, as well as to provide access — as appropriate — to sexual and reproductive health care.

A high-level regional meeting on strategic HIV investment and sustainable financing was held in Kingston, Jamaica, from 29 to 30 May, with the aim of improving efficiency in HIV/AIDS programme delivery and the relocation of resources throughout the region.

CARICOM has also advanced significantly with respect to eliminating new HIV infections in children and in reducing AIDS-related maternal deaths. In that area, initiatives under way are based on four key actions, similar to those of the Global Plan Towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive. Those are: strengthening HIV prevention services for women of reproductive age and their partners; strengthening family planning among women living with HIV; providing timely HIV testing, counseling and antiretroviral therapy to pregnant women living with HIV; and delivering HIV treatment and support to women and children living with HIV and their families.

According to data contained in the UNAIDS 2012 Global Report, some CARICOM countries can claim the elimination of mother-to-child transmission of HIV, while others are making considerable progress in achieving the same.

While there have been a number of challenges in many countries in testing all patients with tuberculosis for HIV and AIDS, there has been an overall reduction in deaths related to co-infections. Nonetheless, increased monitoring is necessary in the region in order to achieve the target.

CARICOM has made significant progress in the expansion of HIV care and treatment services for people living with HIV. It is estimated that 70 per cent of people living with HIV currently receive antiretroviral coverage. Efforts are being undertaken to increase coverage to 80 per cent by 2015. CARICOM would point

out at this juncture that access to funding and support plays a critical role in sustaining and improving such activity within our region.

Additionally, as early as in 2005, the CARICOM Council for Human and Social Development considered model legislation designed to protect the rights of women and girls in several broad areas, including gender-based abuse, domestic violence, sexual harassment and equal remuneration for work of equal value. In various countries, legislation to improve gender equality and to protect women and girls from violence has also been enacted.

There are also a number of initiatives aimed at promoting gender equality and protecting women and girls from violence and providing appropriate services for victims of violence. However, given the current epidemiological trends that reveal an increase in HIV among women and, particularly, girls, there is a need for continued and increased attention to the link between gender equality and its impact on HIV in women and girls and their needs in that context.

CARICOM Governments strive to promote and protect the human rights and fundamental freedoms of all citizens in accordance with their obligations under the international instruments to which States are parties, as well as national laws. In that regard, States seek to ensure the elimination of stigma and discrimination related to the HIV response through various initiatives and will continue to strengthen their work in that area.

CARICOM also believes that there is a critical need to strengthen the integration of the AIDS response and the systems providing HIV-related services. Much greater emphasis should be placed on addressing the issue comprehensively within the broader context of health, and in terms of the problem of co-infections, in particular.

Furthermore, we wish to highlight that more people living with HIV are developing and dying from non-communicable diseases (NCDs), which pose considerable challenges to the social and economic development of our small island states; the situation is further complicated when linked to people living with HIV. We therefore reiterate our call to consider the issue of NCDs in the post-2015 development agenda in terms of health-related goals.

Moreover, we further underscore that it is imperative to undertake all efforts to ensure that the gains made to date are not reversed, as further progress will be difficult without the requisite resources and sustainable financing. While some financing has been secured, including grants and loans, CARICOM countries continue to be affected by the limitations affecting middle-income countries seeking sufficient assistance owing to their income-level designation.

CARICOM therefore calls for the reversal of such conditions so as to enable access by middle-income countries to the resources and assistance, including technical assistance, required to ensure continued regional progress in addressing the issue of HIV/AIDS. Thus people living with HIV in our countries would benefit from further reductions in the cost of antiretroviral drugs that can be achieved through the flexibility of the marketplace and trade.

In conclusion, CARICOM wishes to commend UNAIDS for its leadership role in coordinating AIDS policy and its support to countries. We also wish to express our thanks to all our partners for their help, which has contributed greatly to our response to the problem. Our region remains fully committed to continuing to work with the international community so as to achieve together the targets we have set for ourselves with regard to the Millennium Development Goals, including those related to HIV/AIDS, as well as those we have committed to in the Declaration of Commitment and the Political Declaration on HIV/AIDS.

Mr. Gumende (Mozambique): I have the honour to speak on behalf of the States members of the Southern African Development Community (SADC): Angola, Botswana, the Democratic Republic of the Congo, Lesotho, Malawi, Mauritius, Namibia, Seychelles, South Africa, Swaziland, the United Republic of Tanzania, Zambia, Zimbabwe and my own country, Mozambique. The members of SADC take note of the report of the Secretary-General entitled "Accelerating the AIDS response: achieving the targets of the 2011 Political Declaration", contained in document A/67/822, and align themselves with the statement just delivered by the Permanent Representative of Djibouti on behalf of the Group of African States.

As the SADC region is one of those hardest hit by the HIV/AIDS pandemic, its member States have made scaling up the AIDS response a regional priority. They have demonstrated their commitment to addressing that challenge by adopting, among other instruments,

the SADC Protocol on Health, the Maseru Declaration on the Fight against HIV/AIDS in the SADC Region and the SADC HIV/AIDS Strategic Framework. The region's response to the HIV pandemic has also been addressed in other relevant documents that are being implemented at the regional and national levels.

The SADC HIV/AIDS Strategic Framework is a multidimensional response to the HIV and AIDS pandemic on the part of the region, with provisions aligned with SADC's Regional Indicative Strategic Development Plan. It was developed to intensify measures and actions aimed at addressing the pandemic's devastating and pervasive impact in a comprehensive and complementary way. Among other things, it commits member States to reducing the incidence of infections among the most vulnerable populations, mitigating the social impact of the disease, reviewing and harmonizing their policies and legislation relating to HIV prevention, treatment, care and support, and mobilizing and coordinating resources for a multisectoral approach to the challenge. The plan has since been updated and HIV/AIDS is a standing agenda item at the SADC summits of heads of State and Government.

In line with the Strategic Framework, the region continues to implement a number of interventions, including condom promotion and distribution; behaviour-change communication; HIV testing and counselling; safe medical circumcision; mainstreaming HIV and AIDS across all sectors; the prevention of mother-to-child transmission and treatment and home-based care. A number of programmes have been undertaken by member States and partners under the Framework. One such is the Southern Africa Regional Programme on Access to Medicines and Diagnostics, aimed at promoting a more efficient and competitive market for essential medicines in the SADC region. Among other things, it supports the SADC pharmaceutical programme and helps build member States' capacity for pharmaceutical policy reform. Further to the policy framework established to guide the regional HIV response, SADC members have established a dedicated HIV and AIDS unit within the SADC secretariat.

One of the provisions of the SADC Protocol on Gender and Development mandates member States to address gender-specific health-care needs related to HIV and AIDS. Universal access to HIV and AIDS treatment for all who are infected, men and women, has been given priority. Most member States have developed national policies on HIV and AIDS or national strategic plans.

SADC member States recognize that with sufficient commitment and investment in human and financial resources, the pandemic can be curbed and that collaboration on various socioeconomic improvements can help fight poverty, uphold human rights and combat stigmatization. Indeed, through deliberate cooperation at the regional level and implementation of policies at the national level, SADC members have been witnessing the positive impacts of targeted measures in key areas such as prevention of the disease and care, treatment and support for those infected or affected by it.

The implementation of programmes at the national and regional levels has also shown signs of having a positive impact on helping to prevent HIV/AIDS among young people. All SADC member States are addressing HIV and AIDS through multisectoral national responses. Most have adopted responses that address key areas, such as better implementation of interventions; prevention of infection; care, treatment and support of those infected or affected; and mitigation of the disease's socioeconomic impact.

The main goal of such national and regional efforts is to reduce the number of people living with and affected by HIV and AIDS in the SADC region, so as to ensure that HIV/AIDS is no longer a threat to public health and the socioeconomic development of member States. In order to achieve that, SADC member States recognize the importance of strengthening partnerships with various development and financing institutions, as well as of enhancing the technical support needed to meet the commitments we have made to reaching universal access to HIV and AIDS prevention, treatment, care and support. In that regard, SADC leaders joined with global partners in March to launch an initiative on accelerated action on tuberculosis and HIV for the period remaining between now and the deadline for attainment of the Millennium Development Goals.

The impact of the HIV and AIDS epidemic on social, political and economic development remains one of the greatest challenges facing SADC member States. The region has one of the highest HIV infection levels in the world. Many countries are still grappling with the severe impact of the HIV and AIDS epidemics and the related epidemic of tuberculosis, which together threaten to reverse the hard-won development

gains of the past few years. Despite the progress made, the following areas still require SADC member States' urgent attention and action: HIV and AIDS prevention and social mobilization; the improvement of care and access to counselling and testing services, treatment and support; the acceleration of development and the mitigation of the impact of HIV and AIDS; the intensification of resource mobilization; and the strengthening of institutional, monitoring and evaluation mechanisms.

I would like to conclude by once again emphasizing the commitment of all SADC member States to continuing to work with their development partners with the goal of full implementation of the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex).

The Acting President: I now give the floor to the observer of the European Union.

Mr. Poulsen (European Union): I have the honour to speak on behalf of the European Union (EU) and its member States.

We would first like to thank the Secretary-General for his report (A/67/822) on the excellent progress being made towards achieving the targets of the Political Declaration on HIV and AIDS (resolution 65/277, annex) adopted in 2011 by the General Assembly and towards intensifying our efforts to eliminate HIV and AIDS. We appreciate the review of the progress achieved in meeting the 10 specified and timebound targets by 2015 and the challenges remaining. We would like to stress that we consider the report to be well balanced and that it takes into consideration the specificities of different regions.

We are particularly pleased to note the reduction in new infections and the increase in the number of people with access to treatment, but are concerned by the high level of stigmatization and discrimination. In that regard, the European Union is committed to upholding human rights, an effort that is underpinned by the common EU values of solidarity and equitable and universal coverage of quality health services. In its relationships and agreements with third countries, the European Union pays particular attention to rights-based programmes to address the specific needs of key populations.

With respect to the AIDS resource gap, we welcome increased national funding and emphasize the need to further strengthen country ownership, while supporting a broader donor base. To that end, we encourage others, such as the private sector and emerging donors, to continue to increase their contributions in line with their increasingly important role in the global economy. As demonstrated by the International Drug Purchasing Facility, also known as UNITAID, innovative financing can also be a valuable contribution.

The European Commission has been associated with the Global Fund to Fight AIDS, Tuberculosis and Malaria since it was founded 12 years ago in 2001. Since then, the Commission has contributed more than €1.1 billion to the Fund. Collectively, the EU and its member States have so far contributed 55 per cent of the Global Fund's budget. In future, the Global Fund will remain an important EU instrument for the fight against HIV/AIDS, tuberculosis and malaria in developing countries.

With regard to the allocation of resources, the EU stance is to align its resources with the priorities identified in countries' national plans and to discuss and agree on strategic options with country representatives and stakeholders. That policy dialogue is also key to providing adequate support to efforts to strengthen health systems in the delivery of integrated health services, in particular, through comprehensive primary health care.

Notwithstanding past support for the Global Fund, it is now too early to determine the level of future contributions. However, we can assure the Assembly that the Global Fund will remain a central instrument for the EU to fight HIV/AIDS, tuberculosis and malaria in developing countries.

Civil society organizations are an integral and crucial part of the health and AIDS landscape and, as such, should, where necessary, be supported in their efforts to advocate for adequate services. Such support is critical when the provision of public funds for the fight against HIV is not sufficient or when policies on drugs and rights for lesbian, gay, bisexual and transgender and other key vulnerable population groups are inadequate.

Finally, we would like to note that we need to address the unmet challenges related to the current health Millennium Development Goals (MDGs), and embrace new global health challenges, including non-communicable diseases and universal health coverage, in the elaboration of the post-2015

framework. While important progress has been made on the health-related MDGs, namely, MDG 4, MDG 5 and MDG 6, on a global basis, we need to work on progressively reducing inequalities. That includes access to prevention, treatment and care for those in need. Inequalities should be addressed by setting policy priorities, allocating resources according to needs and through strengthening health systems to make them responsive and capable of delivering comprehensive high-quality health services for the entire population. Universal health coverage and access to comprehensive quality health services, including sexual and reproductive health, constitutes a specific contribution to achieving the broader goal of sustainable well-being.

Mr. Maksimychev (Russian Federation) (*spoke in Russian*): The Russian Federation is wedded to the purposes and principles of the 2011 Political Declaration on HIV/AIDS (resolution 65/277, annex) and considers it to be a key framework basis for bolstering international cooperation in combating the immunodeficiency virus. On the whole, we agree with the progress assessment contained in the report (A/67/822) of the Secretary-General on the implementation of the bold agenda agreed by Member States in combating the epidemic. We back most of the report's recommendations aimed at achieving maximum impact from comprehensive HIV/AIDS response measures.

In our country, the basis for the State policy and strategy in the field was determined by the federal law on the prevention in the Russian Federation of illnesses caused by HIV, which guarantees universal access for citizens to full-fledged and comprehensive services and social assistance for HIV-infected individuals and, naturally, the protection of their rights.

Within the framework of the priority national project entitled "Health", a comprehensive system for countering HIV/AIDS in Russia is being implemented. It has enabled us to constrain the epidemic in a concentrated phase. The Russian Federation provides free care and treatment to HIV-infected persons with the use of the latest drugs in required doses.

In 2012, over $600 million was allocated in the federal budget to actions related to the testing, detection and cure of HIV/AIDS. A similar amount is planned for this year. The priority in countering HIV/AIDS in our country remains the development of a cross-cutting programme of primary care and the encouragement of healthy lifestyles, i.e. pushing people to consciously reject risky behaviour. Special attention is devoted to measures aimed at preventing vertical transmission from mother to child, as well as to HIV prevention among high-risk groups of the population.

Every year, voluntary HIV testing of groups at high risk for HIV infection covers 22 to 25 million individuals, that is, 15 to 17 per cent of the population of our country. That enables us, on the one hand, to ensure the introduction of a system for recording HIV-infected individuals and so to plan the necessary forms and amounts of assistance needed, and on the other hand, to detect HIV infection at an early stage. Active cooperation is being developed with civic and non-governmental organizations working to counter HIV infection in the Russian Federation.

The Russian Federation attaches great importance to broadening the efforts of the international community to combat HIV/AIDS. Since 2006, our country has contributed to the Global Fund to Fight AIDS, Tuberculosis and Malaria and has been expanding its assistance. For that period, Russia's contributions to the Fund amounted to over $317 million. The Government of the Russian Federation has adopted a decision to disburse an earmarked contribution to the Joint United Nations Programme on HIV/AIDS, known as UNAIDS, of $16.5 million for 2012-2014 and to provide technical support to laboratories working to diagnose infectious diseases in Eastern Europe and Central Asia in the amount of approximately $7.6 million for the period 2013-2015.

Our experience of cooperation within the framework of the Commonwealth of Independent States has shown that interaction at the regional and subregional levels, where infectious diseases have similar characteristics, plays an important part in combating the epidemic. In that regard, Russia is expanding its technical, financial and organizational cooperation with countries in the region to combat AIDS.

As is well known, one of the main causes for the spread of HIV, including in Russia, is drug abuse. The main channel for the transmission among drug abusers is unsterilized needles. We are exploring the use of the so-called harm-reduction concept and substitution therapy to deal with the problem, the cornerstone of which is to substitute soft drugs for hard drugs within a free syringe distribution programme.

We are convinced that a scientific approach to the issue of the disease and drug treatment is incompatible

with any legalization of those narcotics. Providing drug abusers with medical and social assistance should be in line with the three United Nations framework counter-narcotics conventions. Despite the significant successes in the past few years in combating HIV/AIDS, the disease, as shown by the Secretary-General's report (A/67/822), remains one of the most serious challenges of today. We are convinced that it is only through joint efforts at all levels, based on political will and backed by concrete action, that we will promote further progress in holding back the spread of the HIV infection and reducing the mortality rate of the disease.

Mr. Ntwaagae (Botswana): At the outset, allow me to join other delegations in thanking the President for convening this meeting. Botswana welcomes the opportunity to contribute to the review by the General Assembly of the draft decision entitled "Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV/AIDS" (A/67/L.69).

We would like to thank the Secretary-General for his report entitled "Accelerating the AIDS response: achieving the targets of the 2011 Political Declaration" (A/67/822), which is the basis for our discussion today, as well as his continued commitment and devoted attention to women's and children's health, the elimination of violence against women and the prevention of mother-to-child transmission of HIV/AIDS.

We would also like to thank the Joint United Nations Programme on HIV/AIDS for its tireless efforts in the implementation of its mandate regarding accelerated, comprehensive and coordinated global action on the HIV/AIDS epidemic. In that regard, Botswana welcomes the progress achieved by the Joint Programme since its establishment in 1994 and in particular its continued efforts in advocating for greater political commitment in responses to the epidemic at the national and global levels, including the mobilization and allocation of adequate resources for the HIV/AIDS response.

My delegation aligns itself with the statement delivered by the Permanent Representative of the Republic of Djibouti on behalf of the Group of African States and the statement delivered by the Permanent Representative of Mozambique on behalf of the Southern African Development Community.

HIV/AIDS continues to be one of the greatest challenges of our time and one that poses significant challenges to the socioeconomic development and well-being of our societies. As the Secretary-General clearly states in his report, the AIDS epidemic is far from being over. In that regard, today's review of the implementation of the 2011 Political Declaration on HIV/AIDS is therefore crucial for renewing our shared commitment to the AIDS response and for charting the way forward. The review is therefore not only timely but also relevant in the context of the ongoing intergovernmental processes, including the follow-up to efforts made towards achieving the Millennium Development Goals (MDGs) in September 2013 and the ongoing discussions on the post-2015 development agenda.

As highlighted in the Secretary-General's report, the global AIDS response has come a long way. Much has been achieved, while much more remains to be done. We welcome and are also encouraged by progress made by many countries, including scaling up access to HIV treatment, which resulted in the increase in the number of people receiving therapy, the expansion of access to prevention of mother-to-child transmission services, reductions in new infections, as well as programmes and interventions that promote, for instance, HIV testing, consistent and regular condom use and many others. Those interventions have indeed borne notable fruit in many ways.

It is on account of those achievements that we believe that the vision of getting to zero new infections, zero discrimination and zero AIDS-related deaths for an AIDS-free generation is achievable. However, the harsh reality is that even with such marked improvements in many countries, more remains to be done. The world should therefore not be lulled into complacency by some of the seemingly impressive results.

The achievement of the targets in the 2006 and 2011 Political Declarations on HIV/AIDS (resolution 65/277) will require concerted efforts by the international community in its quest to turn the AIDS epidemic around. In that connection, Botswana shares the view that the international community must redouble its efforts to build on the gains made so far and to step up efforts to address barriers that continue to undermine effective responses to the epidemic, such as complex issues relating to laws and policies, access to services by all, and the elimination of stigmatization and discrimination in all its forms.

We also recognize that committed and visionary leadership is essential in order to reverse the epidemic. In addition, the strengthening and integration of health

systems, the use of scientific advances and the continued implementation of best practices are critical in order to make that happen. Predictable and sustainable funding for the HIV/AIDS response also remains critical for a sustained global response. That therefore requires the commitment of all in order to sustain the progress achieved in the past 30 years.

In that regard, we are pleased to note that the Global Fund to Fight AIDS, Tuberculosis and Malaria has launched a new funding model that will accord priority to assistance to the most heavily affected countries and will focus funding on interventions that will have the greatest health impact. We therefore look forward to the convening of the public and private donors meeting in September 2013 to replenish funding for the Global Fund for the period 2014-2016.

It is evident that HIV/AIDS will remain a global challenge well beyond 2015. For that reason, we believe that the ongoing discussions on the post-2015 development agenda provide an opportunity for ensuring that HIV/AIDS remains a top priority. In this regard, I wish to emphasize the need for the completion of the unfinished business of the Millennium Development Goals (MDGs) and sustained attention to the AIDS response post-2015. In our view, the post-2015 agenda should build on the MDGs, of which Goal 6, as the Assembly knows, is focused on the HIV/AIDS response. The new framework should therefore clearly reflect the role of an effective AIDS response as an essential pillar of future health and development efforts.

In complementing today's review, Botswana and Norway, in collaboration with the Joint United Nations Programme on HIV/AIDS, have organized a side event, to be held tomorrow, aimed at reinforcing the commitment to urgently scale up efforts to meet the targets set out in the 2011 Political Declaration on HIV and AIDS in order to accelerate progress towards the achievement of MDG 6 by 2015, as well as foster support for AIDS as an integral part of the post-2015 development agenda.

I wish to conclude by reaffirming the importance that Botswana attaches to the fight against HIV/AIDS and to the realization of the right of everyone to the enjoyment of the highest attainable standards of physical and mental health. We remain committed to the implementation of the Political Declarations on HIV/AIDS, and central to our efforts, we also commit to ensuring respect for human rights and access to prevention, treatment, care and support services to the affected populations, including those at risk. However, we can achieve this only with the continued support and assistance of the international community.

Mr. Golitsyn (Ukraine): Ukraine welcomes the report of the Secretary-General (A/67/822), entitled "Accelerating the AIDS response: achieving the targets of the 2011 Political Declaration". Recalling the words of the AIDS activist from Ukraine, Mrs. Afanasidi, who spoke as the United Nations Civil Reporter at the high-level meeting in 2011, we emphasize once again the remarkable work of all members of national delegations and civil society who made this document as strong as it could be under the circumstances.

We share the view that while the progress made in the global AIDS response is evident, the AIDS epidemic is far from over. Therefore, it is essential to ensure effective, coordinated cooperation with donor organizations, both international and domestic. It is necessary to increase the level of cooperation with all partners to tackle HIV/AIDS, such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), the Global Fund, the United Nations Development Programme, UNESCO and the United Nations Population Fund.

It has been two years since the adoption of the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex) and this plenary meeting provides us with an opportunity to review our achievements. During this period, the Ukrainian national programme on HIV/AIDS was elaborated for the next five years, 2014 to 2018. The main objective of the programme is to increase access to prevention and treatment of HIV/AIDS and related diseases. In order to address the voices of civil society, Ukraine introduced provisions to overcome the discriminatory manifestations against HIV-infected people.

As of 2012, we have observed the efficiency of related policies. The number of the HIV-infected individuals who receive antiretroviral therapy has doubled. We have managed to reduce to 1.6 per cent the number of new cases of HIV infection and diminish up to six times the proportion of cases of HIV infection among the young population.

Regardless of the significant financial expense, we strive to expand the public access to HIV cost-free treatment and preventive programmes. This year, the HIV/AIDS State budget expenses were significantly

increased by the Government. In our country, substitution therapy is available for injecting drug users as a part of the national programme to fight against HIV/AIDS for 2009-2013. We are looking forward to the visit of Ms. Margaret Chan, Director General of WHO, and Mr. Mark Dybul, Executive Director of the Global Fund, to review the considerable progress made in our national HIV response.

Ukraine strives to implement the best practices of international policies in the areas of health, the environment and socioeconomic development. We believe that health and sustainable development are cross-cutting issues. Therefore, Ukraine, as an elected member of the UNAIDS Programme Coordinating Board for 2014-2016, will endorse the HIV/AIDS item on the post-2015 United Nations development agenda.

We strongly favour an open international dialogue on a wide range of issues on sustainability. Therefore, Ukraine supports the adoption of draft decision A/67/L.69, submitted by the President of the General Assembly, on the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV/AIDS. The inclusion of this item in the provisional agenda of the sixty-eighth session of the General Assembly will give us the opportunity to come closer to meeting the standards of the Sustainable Development Goals and contribute to the national and global process towards the achievement of the Millennium Development Goals.

Mr. Chipaziwa (Zimbabwe): My delegation aligns itself with the statements delivered by the representative of Djibouti on behalf of the Group of African States and the representative of Mozambique on behalf of the Southern African Development Community member States. I should also like to thank the President of the General Assembly for convening this meeting on such an important matter.

Eliminating the scourge of HIV/AIDS remains imperative to the well-being and prosperity not only of my own country, Zimbabwe, and the African region, but also to the global community at large. Not least, I thank the Secretary-General for his report (A/67/822) under this agenda item. My delegation takes note of the recommendations made therein.

HIV and AIDS continue to cause untold suffering to many people, in particular in our region, southern Africa, which has been one of the hardest hit. In Zimbabwe, the impact of HIV/AIDS on health-care delivery has been severe. It has already reversed the impressive gains in human and social development, with increased infant mortality and reduced life expectancy rates palpably showing the extent of this reversal.

The capacity of the health-delivery system to cope with the demands of this pandemic has been severely undermined by limited resources and competing priorities. The human resource shortages caused by brain drain have only served to further aggravate the already dire situation.

Today, 12 years after the landmark special session on HIV/AIDS and two years after the adoption of the Political Declaration on HIV/AIDS (resolution 65/277, annex), we are glad to note that considerable progress has been achieved through aggressive follow-up to these deliberate commitments at both the national and international levels. The progress that has been achieved in the global AIDS response illustrates the power of global cooperation for a common cause. It shows that with a more decisive escalation in financing the HIV/AIDS response, we may be able to achieve near-zero new infections and 100 per cent antiretroviral therapy coverage for those already infected. We owe this not only to our generation but to those still to come.

It has been gratifying to note the steady progress made by my own country in the fight to halt the spread of the HIV pandemic, and even more so in a time of severe economic hardship. Zimbabwe made tremendous progress in reducing HIV/AIDS prevalence from over 25 per cent in 2001 to 13.1 per cent by the end of 2011. This was due to a combination of changes in sexual behaviour, improved condom use and, to a lesser extent, mortality. Over the past two years, a dedicated expansion of access to antiretroviral therapy has led to a decline in the rate of new infections in children and progress in prolonging the lives of HIV-positive mothers. In the space of only two years, between 2009 and 2011, the proportion of pregnant women on antiretroviral therapy increased from 59 to 98 per cent, which contributed to the prevention of mother-to-child infections.

We are glad to share that we have also been able to finance 31 per cent of antiretroviral therapy programmes through domestic resources mobilized through an AIDS levy. The levy ensures that 3 per cent of all personal income taxes and corporate taxes are directly channeled to the national AIDS response. We hope to gradually escalate domestic financing not only for the

HIV response but also for the health system in general by meeting the ambitious target of allocating 15 per cent of the national budget to health by the year 2015, as highlighted in our current National HIV Strategic Plan and in line with the Abuja Declaration. We underline in particular the assistance given to Zimbabwe by the Global Fund to Fight AIDS, Tuberculosis and Malaria over these difficult years. The Joint United Nations Programme on HIV/AIDS has done a tremendous job in tandem with the Global Fund, and in that regard I note the presence here today of its Executive Director, Mr. Michel Sidibé, and commend its exemplary work.

The Secretary-General's report mentions the possibility of providing life-long treatment to HIV-positive pregnant women through a once-a-day regimen, also known as Option B. Zimbabwe certainly hopes that this will soon be a reality, as it would significantly improve the lives of millions of HIV-positive pregnant women through the simpler administration of that regimen. It is now an established fact that women are more at risk than their male counterparts, and an overwhelming body of research shows that prevalence is higher among women than men. Moreover, ensuring that children are born disease-free depends on their mothers' access to the most effective and efficient antiretroviral therapy regimens available.

Although we are celebrating the progress that we have made as a country in scaling up our national response to the HIV and AIDS pandemic, that is not to say that our journey has not encountered its fair share of challenges. Indeed, the journey is far from over. While Zimbabwe has put in place an excellent mechanism for directing domestic resources to HIV/AIDS programmes through the AIDS levy, funding for the HIV response in general remains far below capacity. Furthermore, although we continue to cooperate well with international partners in scaling up our response, funding from external sources has not reached the desired levels, which has had a negative impact on our overall response to the pandemic.

The challenges that we have faced as a nation in coordinating our response to the HIV pandemic have also given us the opportunity to learn some crucial lessons. Key among those has been the recognition that HIV cannot be addressed in isolation from broader social and economic contexts, such as the empowerment of women, the eradication of poverty, the strengthening of national health systems and the provision of food and social protection to vulnerable groups, and in particular those affected by the disease.

In efforts to address the social impacts of HIV on children, our Government has enacted a national action plan for orphans and vulnerable children in order to ensure coordinated assistance to that vulnerable group. In its first phase, the programme managed to assist 440,000 children with basic services, including food, medication and psychological support. In its second phase, which will cover the years 2011 to 2015, it is envisaged that the programme will assist about 250,000 households with cash transfers and pay school fees for about 550,000 primary school and 200,000 secondary school children, many of whom are orphans now.

In his report, the Secretary-General points out that despite its progress in reducing HIV prevalence, Africa remains the continent most heavily affected by the pandemic. Against this background, we believe that the time to invest boldly in initiatives that will eradicate this scourge from our continent in a concerted way is now. We are perfectly placed to take advantage of the momentum that has been made and the commendable progress achieved to leapfrog into a future where no child will lose his or her parents to this ignoble disease and where no mother will have to watch her child die prematurely as a result of it.

On this note, allow me to restate my country's firm commitment to working with all relevant and committed stakeholders within the African continent and beyond to ensure that our promises and pledges with regard to HIV/AIDS are honestly matched and that we all realize the desired goals in the agreed timeframes.

Mr. Nazarian (Armenia): In adopting the Political Declaration on HIV/AIDS (resolution 65/277, annex) exactly two years ago today at the high-level meeting of the General Assembly, Member States committed to a set of ambitious goals to be achieved by 2015. We would like to thank the Secretary-General for his comprehensive report on the progress made in implementing the Declaration. While we are encouraged by the many achievements, we are also cognizant of the need to urgently address the remaining gaps and challenges.

Though the HIV epidemic in Armenia remains contained, we are concerned by its continuing growth in our region. As mentioned in the Secretary-General's report, while the rate of new HIV infections and AIDS-related mortality have been declining globally,

they continue to be on the rise in Eastern Europe. The significant number of HIV infection cases registered in our country is connected with migration processes. More than half of registered HIV cases are labour migrants who were infected through heterosexual contacts outside of Armenia. Migration restrictions in host countries related to HIV and the limited access to health-care services, HIV prevention measures and information directly influenced the health care sector of Armenia. The increase in the number of registered HIV cases in Armenia in recent years is also associated with the scaling up of laboratory diagnostic capacities as well as the upgrading of HIV counselling, testing and referral systems. As a result, the number of HIV tests has increased, and HIV detectability has improved significantly.

In its efforts to address the epidemic, the Government of Armenia has striven to ensure evidence- and human rights-based approaches. Our efforts have focused on the most at-risk populations, with the goal of raising their awareness about HIV, promoting safer behaviour and expanding their access to information, services and means of HIV prevention, including harm reduction and access to treatment.

Special attention is paid to HIV prevention and education among youth. Starting in 2010, healthy-lifestyle training courses with an HIV education component were introduced in school curricula and are taught as a separate subject. The rate of pregnant women who receive HIV counseling and testing is more than 95 per cent. All pregnant women diagnosed with HIV are provided with services to prevent mother-to-child transmission of the virus. We are committed to further scaling up those services so as to achieve our shared goal of an AIDS-free generation.

Armenia's legislation in the field of HIV/AIDS was significantly revised in 2010-2011, with a view to protecting the rights of people living with HIV; in particular, restrictions on the entry, stay or residence of people living with the disease were removed. Restrictions were also removed that barred them from adopting children or holding positions in the Government service system.

We would also like to acknowledge the continued partnership and support extended to us by the Global Fund to Fight AIDS, Tuberculosis and Malaria and by the Joint United Nations Programme on HIV/AIDS (UNAIDS). As a result, a significant national capacity was built, a strong national response was formed, and antiretroviral treatment and prevention of mother-to-child transmission became available for all those in need.

Despite the impact of the global financial and economic crisis, the share of domestic funding for the response has increased over the past few years. At the same time, we would like to call on our partners to continue their support, in line with the principle of shared responsibility and global solidarity. That will be essential for sustaining and scaling up the response in Armenia.

By joining the Millennium Declaration, Armenia committed itself to incorporating the Millennium Development Goals (MDGs) into its national long-term policies and plans and introducing sustainable strategies and programmes for integrating economic growth and human development. Through broad consultations, Armenia has developed a national MDG framework incorporating nationalized targets and indicators for 2015. The implementation of the national AIDS programme will be a major contributing factor towards the achievement of the MDGs in Armena by that date.

At the same time, as we all embark on a process to define a new development agenda beyond 2015, we must ensure that the AIDS response remains on the agenda.

In conclusion, let me mention that remarkable progress has been achieved thus far, which we should use as a basis for our continued efforts and united practical actions to achieve the common goals and targets outlined in the Political Declaration.

Mr. Quinlan (Australia): In 2011, two years ago, I had the honour to join with my colleague, Ambassador Charles Ntwaagae of Botswana, who spoke earlier this afternoon, in co-facilitating the drafting of, and negotiations for, the Political Declaration on HIV and AIDS. In that Declaration, we all agreed to a set of very bold targets for a world free of AIDS, and this year's report of the Secretary-General (A/67/822) gives us some reason to be optimistic about the progress made.

The increased outreach in many countries to HIV prevention and treatment services is a direct factor in the global decline in new infections and AIDS-related deaths. The news that half of the global reductions in new infections have been among newborns is testament

to increased investments in treatment for HIV-positive women.

But while those achievements should be celebrated, much remains to be done. By the end of this afternoon's debate, an estimated 850 people will have been newly infected with HIV, and more than 580 will have died. The number of people currently living with HIV is 1.5 times the population of my own country, Australia. Women between the ages of 15 and 49 confront the stark reality that AIDS is the leading cause of death for their age group.

The accelerated progress towards the target of 15 million people living with HIV accessing antiretroviral treatment is welcome, but we are only just over the halfway mark. Nearly three quarters of the children needing treatment are missing out. Key populations, including sex workers, people who inject drugs and men who have sex with men, continue to be disproportionately affected due to their vulnerable status in society. The barriers to treatment and services for those people must be removed.

Obviously, our work is unfinished; complacency is an enemy. So, too, are the prevailing attitudes in some societies towards those who are living with, or at greatest risk of, HIV infection.

Last year I expressed alarm that few countries — indeed, I criticized my own country, Australia, at the time — had started the process of incorporating the commitments, targets, actions and timelines of the Political Declaration into their national HIV strategies and financing plans. A year later, there is stronger political leadership and accountability of the HIV response in many countries. We congratulate those low- and middle-income countries — and I congratulate my own country at last — for increasing the share of their domestic resources for the HIV response and incorporating the strategy of the Political Declaration into national strategies. We hope that this encourages others to step up their efforts to realize an AIDS-free world.

It is disappointing to read in the report of the Secretary-General that many programmes for key populations at higher risk remain underfunded domestically. HIV prevention and treatment services must be the responsibility of national Governments, especially for those populations. Australia is keeping that priority and at-risk populations at the centre of our efforts and stepping up our work to engage younger generations in the response.

A key factor in our efforts to minimize the spread of HIV has been the use of harm reduction and minimization programmes for people who inject drugs. The result is that we are very close to eliminating transmission among drug users. For every dollar we invested in those programmes between 2000 and 2009, $4 were returned in health-care cost savings and, most importantly, over 32,000 infections were averted.

We all must heed the call for a more strategic investment approach for the HIV response. We need the courage to change our approach to HIV prevention and treatment. We must work in a smarter manner and stop investing in ineffective programming and inefficient governance architecture. An investment approach is not just about making decisions about where to invest resources more effectively. It also means being focused on stronger, more sustainable investments. The investment approach will go a long way towards generating savings that will allow us to reassess the global funding shortfall.

During 2013, Australia will be the Vice-Chair of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board, and we will seek to support the efforts of UNAIDS to encourage countries to invest more strategically and to respond more effectively to the needs of those most at risk. In July 2014, Australia will host the 20th International AIDS Conference in Melbourne. That will be the last International AIDS Conference before the post-2015 era begins. The Conference will showcase examples of strategic investments that are producing real results on the ground for populations most at risk — results that will help drive us to a world of zero new infections, zero discrimination and zero AIDS-related deaths.

To conclude, let me thank Mr. Michel Sidibé and all of his outstanding team at UNAIDS. Their optimistic vision and determination are indispensable, and we owe them great thanks. Time is running out to deliver on the targets we set ourselves in 2011. We must renew our commitment and show that we can mobilize a truly international effort to ends the AIDS epidemic — an achievable objective for the first time in history, but one which will simply disappear without determined, stronger effort.

Mrs. Mørch Smith (Norway): I would like to start by thanking the Secretary-General for his comprehensive

report on the achievements made since the adoption, in 2011, of the Political Declaration on HIV and AIDS (A/67/822). We are pleased to see that the most affected countries are intensifying prevention efforts and access to treatment. However, we need to repeat what we stated in 2011: there is no room for contentment. The epidemic is not over and big challenges are still ahead of us. The epidemic is continuing to grow in several regions of the world, especially in countries where it is mainly driven by drug use.

The HIV-related work is entering into a new phase. For people with access to treatment, living with HIV will be similar to managing other lifelong chronic diseases. Persons living with HIV will develop non-communicable diseases. In many countries they will constitute a large proportion of patients with such diseases. In other words, HIV needs to be treated as both an infectious disease and a chronic disease.

We have a generation of children who have lived with HIV all of their lives. Those children are now adolescents. They need sexual and reproductive health services to make independent choices regarding their own sexuality and fertility. Young persons living with HIV, especially women, need access to family planning and other reproductive health services. We need to intensify activities among the groups that are hardest to reach. If HIV is not addressed in such groups, the epidemic will continue to spread. It is therefore important for public health to focus more actively on prevention among groups of people at increased risk.

In Norway we are working to contribute to the goals of the 2011 Political Declaration. We still face challenges related to the increasing incidence of HIV among men who have sex with men and to care for immigrants living with HIV. That is despite considerable efforts invested in those areas. Persons living with HIV are, unfortunately, facing stigma in Norwegian society. Over the past couple of years, we have focused on issues linked to HIV exposure and transmission. We have focused on improving the penal code, through a national law commission and cooperation with the Joint United Nations Programme on HIV/AIDS.

The history of the work with HIV has been a game changer, as new partnerships emerged and changed the way we approached public health challenges. The groups of people at high risk of infection, as well as those living with HIV, have demonstrated leadership and creativity. They partnered with Governments and private actors. That led to changes, including in the pricing of medicine, adherence and prevention.

We still need the active participation of those groups, regardless of whether they have made lifestyle choices that are not generally accepted, or even legal, in some countries. Those groups may hold the key to rolling the epidemic back.

The challenge in front of us is complex. In many ways we have harvested the low-hanging fruit. To go further, we need to move in new ways, strengthen unusual partnerships and ensure participation of specifically affected groups: prisoners, drug users, sexual minorities, persons who sell sex and, most notably, young people and women.

Mr. Mukerji (India): We take note of the report of the Secretary-General entitled "Accelerating the AIDS response: achieving the targets of the 2011 Political Declaration" (A/67/822). At the outset, we would like to express our support for the draft decision (A/67/L.69) submitted by the President of the General Assembly, dated 4 June.

It is heartening to note that the international cooperative effort to respond to the challenge posed by the spread of AIDS has achieved significant success. As the report of the Secretary General points out, that has been due in equal measure to extraordinary scientific breakthroughs, concerted global action and bold progress by individual countries. The special role of antiretroviral treatment in achieving the objective of preventing AIDS cannot be understated.

In India, in terms of prevalence, the adult HIV rate is close to 0.3 per cent. However, in absolute terms, our HIV-positive population numbers approximately 3 million. The primary objective of our national programme to combat HIV/AIDS is to halt and reverse the spread of the HIV/AIDS epidemic by 2015.

The main features of our national AIDS programme include scaling up targeted intervention efforts for high risk groups, strategizing comprehensive information, education and communication packages for specific segments and scaling up of the service delivery component.

We recognize that the fight against HIV and AIDS has socioeconomic and development dimensions, in addition to the public health aspect. Our endeavour is to fully mainstream HIV/AIDS prevention, care and treatment in all our schemes and activities. We

have involved the corporate sector, non-governmental organizations and other stakeholders as partners towards that end.

The need for an integrated approach that includes effective prevention strategies and access to low-cost affordable treatment for all cannot be overemphasized in terms of the effective containment of the HIV/AIDS pandemic.

There is a need for continuing cooperation and coordination at the international level to fight the challenge. One of the major obstacles in the achievement of universal treatment is the high cost of antiretroviral drugs. The Indian pharmaceutical industry has been plugging that critical gap by reducing the costs of those life-saving drugs by producing high quality, affordable drugs for use in India and in other developing countries.

The availability of second-generation antiretroviral drugs will not have any meaningful impact if low cost generic products are not available in the market. It is pertinent to note that only 4 per cent of persons receiving treatment have access to second-generation medicines.

India is currently meeting approximately 80 per cent of the global antiretroviral drug demand. India is committed to using all flexibilities under the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights to ensure the availability of affordable and quality medicine to all people living with HIV/AIDS.

We strongly believe that the work done by all of us in this field has significantly contributed towards achieving the Millennium Development Goals in this sector. In order to ensure that our effort is sustainable, we need to focus on resource mobilization, technology transfer and knowledge. The role to be played by industrially advanced countries and civil society in the context of the work of the United Nations and its partners is of immense importance in that context.

We believe that the targets and commitments contained in the 2011 Political Declaration can be fully met only if we identify resource mobilization as a priority. The narrow considerations of commerce and profitability should not be allowed to affect issues of life and death, which is what our fight against the spread of AIDS is all about. India stands ready to play a role in that context.

As the Secretary-General's report states, "the concept of shared responsibility and global solidarity must be advanced" (*A/67/822, summary*) and the funding gap closed so that we ensure a more strategic focus in our efforts to eliminate HIV/AIDS.

Mr. Rishchynski (Canada) (*spoke in French*): I thank the President for this opportunity to speak on the implementation of the Declaration of Commitment on HIV and AIDS (resolution S-26/2, annex) and the Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (resolution 65/277, annex).

(*spoke in English*)

Canada welcomes the report of the Secretary-General entitled "Accelerating the AIDS response: achieving the targets of the 2011 Political Declaration" (A/67/822). We applaud the concerted efforts of individual countries and the global community in the fight against AIDS, as well as the scientific advances that have resulted in significant progress to date in achieving the ambitious targets of the Political Declaration on HIV and AIDS, adopted by the Assembly in 2011. We are also encouraged by the unprecedented gains made in reducing the number of adults and children newly infected with HIV or dying from AIDS-related causes. We are particularly struck by the fact that half of the decrease in new infections globally in the past two years is among newborns. Those declines are due to lifesaving prevention and treatment services, which are reaching more people than ever.

However, we are concerned that inequalities persist within the global HIV/AIDS response. Approximately 7 million eligible people still lack access to lifesaving HIV treatment, with such access lowest among children. Programmes for preventing mother-to-child transmission have produced encouraging results, but coverage remains uneven, and more work must be done to bring national programmes in line with international recommendations.

HIV continues to profoundly affect women and girls across all regions, with women accounting for 49 per cent of all adults living with HIV worldwide in 2011. Yet attention and resources for women's HIV-related needs are severely deficient, including those directed at preventing violence against women. Moreover, many people living with or affected by HIV, especially women and girls, still face stigma, discrimination and injustice and suffer physical or verbal abuse, social ostracism and

emotional distress. To address the lagging progress in such areas, we must increase our efforts to strengthen national systems, and not just health systems. That will lead to a more effective, integrated and comprehensive approach to HIV/AIDS, one that links it with other health and development efforts, so that synergies are maximized and sustained. Key populations where HIV is most prevalent will then no longer lack equitable access to services.

Canada concurs with many of the recommendations in the Secretary-General's report, including that services for eliminating mother-to-child transmission should be further integrated into antenatal service delivery. More progress must be made in preventing new infections among children and adolescents, strengthening follow-up care and treatment of HIV-exposed infants and children, and focusing resources on addressing the HIV-related needs of women above and beyond current programming, including the prevention of violence against women. HIV and tuberculosis services must be fully integrated, and services should be closely linked to sexual and reproductive health services.

Canada continues to be an active participant in the global HIV/AIDS response, with efforts that focus on strengthening health systems, maternal, newborn and child health and the prevention and treatment of HIV/AIDS. Equality between women and men is integrated into Canada's international development assistance, including our efforts to address HIV/AIDS. We have been a strong supporter of the Joint United Nations Programme on HIV/AIDS (UNAIDS) since its inception, in 1996, providing long-term institutional funding so that UNAIDS can provide high-quality advice to ministries and developing countries. And our engagement in the Global Fund to Fight AIDS, Tuberculosis and Malaria is an essential part of our efforts towards the Millennium Development Goals (MDGs), particularly MDG 6 — on combating HIV/AIDS, malaria and other diseases — as well as Canada's Group of Eight Muskoka Initiative commitments on maternal and child health.

Canada's domestic response has made significant progress, addressing the specific needs of its population, which has been disproportionately affected by HIV/AIDS, hepatitis C and other sexually transmitted infections. This year alone, the Government of Canada's domestic investment will be more than $93 million, through HIV- and other communicable-disease-focused initiatives for research, laboratory science, surveillance, vaccine development, public awareness, prevention and facilitation of access to care, as well as in treatment and support.

To achieve the new targets set out in the Declaration, Canada will continue to invest in critical research, develop strategic partnerships and support evidence-based policies and programmes that most effectively meet the needs of people living with or affected by HIV and AIDS. We commend UNAIDS and the *Lancet* for jointly establishing a new commission, From AIDS to Sustainable Health, and we look forward to the ensuing dialogue in that process.

To ensure that the year 2015 does not slip by with targets unmet, let us renew our commitment and solidarity, and focus on accountability and shared responsibility for results in the battle against HIV and AIDS.

Ms. Grignon (Kenya): I would like to thank the President for organizing this plenary meeting on HIV and AIDS. My delegation expresses its gratitude to the Secretary-General for his comprehensive report (A/67/822) highlighting the progress made towards achieving the targets of the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex), which should be met by 2015. We also commend the Joint United Nations Programme on HIV/AIDS for its tireless efforts in combating HIV/AIDS.

My delegation aligns itself with the statement made by the representative of the Republic of Djibouti on behalf of the African Group.

HIV/AIDS is still devastating large sections of our communities. Countries in sub-Saharan Africa are at different stages of addressing the pandemic, with mixed results. While some have registered some success, the situation is still grave, despite the efforts made over the years. The year 2015 is slightly more than 18 months away, and the prospects of eliminating new infections and achieving universal access to HIV/AIDS treatment for those who need it do not look good, which is a serious indictment of our collective commitment to fighting the scourge. Even so, we cannot give up. We must redouble our efforts. That is why, over the past decade, countries in sub-Saharan Africa, including Kenya, have demonstrated that the epidemic can be tamed by adopting and coordinating an aggressive multisectoral strategy aimed at fighting HIV/AIDS from within our communities, and driven by political leadership at the highest levels.

The Secretary-General's report shows that there has been a decline in new infections; however, a global decline of 20 per cent, while encouraging, is not satisfactory. It suggests that preventive services have not been accessible and that, where they have been accessible, they have not been fully utilized.

Kenya has experienced a steady decline in its HIV prevalence rates as a result of the implementation of various HIV programmes that target sector-specific priority areas based on a multisectoral approach. Those efforts have been strengthened by an effective legislative, policy and institutional framework that is in place to address the HIV/AIDS pandemic. The prevalence rates in Kenya currently stand at 6.3 per cent, which is down from more than 13 per cent in the 1990s. The Government of Kenya is determined to continue with its aggressive awareness campaigns and expand voluntary counselling, testing initiatives and centres.

Despite the gains made, HIV/AIDS remains a leading cause of death in the country because of inadequate and unpredictable funding resources to sustain the progress and scale up those interventions. Nevertheless, the National AIDS Control Council is determined to address the challenge and has devised a new local funding mechanism following the public-private partnership model to ensure that financing for the HIV/AIDS response is sustained both in the short and long term so that the gains made by the country in managing the epidemic are not reversed.

Kenya is one of the 22 priority countries listed under the Global Plan, which provides the foundation for country-led movements towards eliminating new HIV infections among children and keeping their mothers alive. In 2011, an estimated 13,000 children became newly infected with HIV in Kenya. In November 2012, to address that grave situation and in line with the 2011 Political Declaration, Kenya launched a national campaign to stop new HIV infections among children by 2015. The campaign is being run under a slogan in Swahili that means "make a decision and protect generations". The campaign is designed to mobilize Kenyans to take both individual and social responsibility in the prevention of all new HIV infections in children and the promotion of maternal health. It serves as an important milestone in the deployment of our national AIDS programme.

The campaign aims to mobilize citizens, especially women of reproductive age, to seek access to HIV prevention services. It also aims to provide preventive services for HIV-positive pregnant mothers and improve their overall health. It will also encourage the full participation of men in ensuring that their children and their children's mothers are healthy. It will also encourage men to go for voluntary testing so that they know their HIV status and to always accompany their partners on their antenatal clinic visits.

Expanding care and treatment services is fundamental to reaching universal access to HIV prevention, treatment, care and support by 2015. The gap between available resources and actual needs is projected to increase in the coming years. Cost reductions in antiretroviral drugs are critical in bridging that gap. One way of addressing the challenge is to enhance and strengthen the capacity of low- and middle-income countries, particularly in Africa, in order to enable them to develop and manufacture essential drugs. In that regard, we welcome the Global Fund's declaration of support for local production of essential medicines and look forward to support for the implementation of the Pharmaceutical Manufacturing Plan for Africa.

Globally, women and young girls make up a huge percentage of those living with HIV/AIDS, the majority of whom are young people. Women's vulnerability can be attributed to society's inequality. Their socioeconomic disadvantage and dependency affects their ability to make free and informed choices concerning their sexual and reproductive health. Furthermore, a lack of financial security and employment opportunities may render them vulnerable to engaging in sex work and prone to abuse and violence. That is the feminization of HIV/AIDS.

Kenya is addressing the situation by providing education and increasing women's participation in all sectors and at all levels of decision-making. The Government has initiated a number of policies and programmes that focus on the deepening of participation of women and young people in all aspects of development as well as their economic empowerment. Among those programmes are the Women Development Fund and the Youth Enterprise Development Fund. The Kenya Cash Transfer Programme for orphans and vulnerable children is also reducing the risk of young people contracting HIV by delaying the age of sexual debut.

In conclusion, we are all aware of how a lack of adequate investment in HIV prevention, treatment and care has the potential to wipe away all our hard-won gains and render current and future development ineffective. The ongoing dialogue on sustainable development goals and the post-2015 development agenda offer an important opportunity to look afresh at the strategies that we have put in place. The goals are interconnected but there has not been sufficient focus on maximizing those mutually supporting dynamics. We must identify and address the drawbacks in the realization of Millennium Development Goal 6 in the context of the other Goals and what happens to the unfinished agenda as we formulate other development goals for the future we want, in order to win the war against this scourge.

Mr. Newry (Bahamas): I am pleased to participate in this important debate this afternoon on the issue of HIV/AIDS, which continues to garner our attention more than 30 years after being recognized as a major health risk of epidemic proportions.

The Bahamas aligns itself with the statement delivered by the representative of Haiti on behalf of the Caribbean Community (CARICOM).

As the General Assembly is aware, the Caribbean region is greatly affected by the HIV/AIDS epidemic, as it has been identified as one of the regions with the highest adult rate of HIV prevalence. Our Governments continue to deploy all the resources necessary to achieve sustainable action in combating the disease. As the host of the Caribbean HIV Conference in November 2011, the Bahamas stands in solidarity with its sister CARICOM countries in providing high-quality and sustainable prevention, treatment and support services to all persons living with HIV/AIDS.

We are at a critical juncture. The stock-taking exercise we are undertaking this afternoon is vital as we continue to chart the course towards achieving by 2015 the 10 specific and timebound targets set out in the 2011 Political Declaration on HIV/AIDS (resolution 65/277, annex). The Bahamas thanks the Secretary-General for his comprehensive report (A/67/822), which serves to guide us in our deliberations and discussions.

The Bahamas remains unwavering in its efforts against HIV/AIDS and is pleased to contribute to the 96 per cent global AIDS response progress reporting rate by Member States, as noted by the Secretary-General in his report. I am pleased to report that the Bahamas has completed its midterm review report in relation to the Political Declaration.

The Bahamas continues to work towards an AIDS-free generation and reiterates its commitment to the implementation of the Declaration of Commitment on HIV/AIDS and to the achievement of the 10 targets, as outlined in the Political Declaration. In an assessment of the 10 targets, specifically that of reducing sexual transmission by 50 per cent, since 2002 the number of newly reported HIV infections in the Bahamas has continued to decline. The 2012 *United Nations World AIDS Day Report* results noted that the Caribbean region saw the sharpest decline in the number of new infections, with the Bahamas and a few of its sister Caribbean Community (CARICOM) countries observing a decline of more than 50 per cent. In 2011, 301 new cases were reported. That decline was achieved as a result of targeted prevention messaging, particularly to youth through community outreach events offering free HIV testing. The challenge remains of how to reach those who, for reasons of stigma and discrimination, do not come forward. Our national HIV/AIDS programme is focusing its effort and scarce resources where they are most needed.

In terms of eliminating new HIV infections in children and substantially reducing AIDS-related maternal deaths, prenatal antiretroviral therapy in the Bahamas — recognized internationally as a best practice — has resulted in the almost total elimination of mother-to-child transmission of HIV. There was no perinatal transmission in 2010 and only two cases in 2011, both from mothers who did not follow the antiretroviral prenatal treatment. Free replacement feeding further reduced the risk of transmission to infants. However, a challenge remains with regard to women who do not seek antenatal care or who refuse to take antiretroviral therapy during pregnancy. Furthermore, strengthened antenatal child health programmes and improved access to antiretroviral therapy have resulted in a decrease in maternal deaths in HIV-positive mothers, with only two such deaths recorded in the past five years.

On the target to reach the 15 million people living with HIV with antiretroviral treatment, antiretroviral treatment in the Bahamas reached almost 60 per cent of those in need of it through the free services offered by the Government of the Bahamas, thereby further closing the gap and decreasing the AIDS mortality rate. Prior to the introduction of treatment, in 2002, annual deaths exceeded 200. The improved access resulted in

a decrease in the crude mortality rate from 49.8 per 100,000 in 2004 to 34.6 per 100,000 in 2008 and to 29 per 100,000 in 2010.

In relation to reducing tuberculosis (TB) deaths among people living with HIV by 50 per cent, the situation of TB and resulting deaths among the HIV-positive population remains a challenge, the latter being met by strong collaboration between our tuberculosis-control unit and the national AIDS programme.

On the issue of the global AIDS resource gap, while we laud the significant achievements witnessed globally in the past 24 months as a result of the increase in access to antiretroviral treatment, the decline in the number of new HIV infections, particularly among newborns, and the decline in AIDS-related deaths, we must be ever-mindful of the ongoing financial resources challenges being faced by low-income and middle-income countries, which from a socioeconomic development perspective adversely effect efforts to effectively respond to the disease.

The persistent decline in international development assistance — and, in the case of the Bahamas and CARICOM countries, unfair restriction of access to financial assistance based on per capita gross national income, despite overwhelming vulnerabilities — continues to have negative implications for our efforts to scale up prevention and treatment programmes and to sustain an effective response. Notwithstanding the fact that due to the decreased assistance, the need for our Governments to divert limited resources to tackle other pressing health challenges, such as non-communicable diseases, continues to pose a serious and significant threat to our region's socioeconomic development. The Government is the primary financial source for the national AIDS programme in the Bahamas.

It is estimated that funding from all sources totalled in excess of $4 million in 2008. However, with the economic downturn that year and the resulting decrease in the availability of new international funding, the Bahamas continues to rely on the generosity of international and regional partners and donors, such as the Joint United Nations Programme on HIV/AIDS, the Pan American Health Organization and the United States President's Emergency Plan for AIDS Relief programme, to augment national allocations and to close the funding gap. On behalf of the Government, I take this opportunity to express sincere thanks and appreciation to those donor partners for the valuable assistance rendered to our national AIDS programme in its ongoing efforts to provide an effective and sustained response in the fight against HIV/AIDS. Nevertheless, further funding is needed in order to sustain progress.

In terms of the target to eliminate gender inequalities and gender-based abuse and violence and to increase the capacity of women and girls to protect themselves, the Government of the Bahamas has criminalized sexual intercourse involving a person known to be HIV-positive who does not disclose his or her status. The Bahamas has also addressed the issue of domestic violence through the enactment, in 2008, of the Domestic Violence Protection Orders Act. In addition, a draft national gender policy is currently being finalized to further address gender inequalities and to protect the rights of women and girls.

On the issue of stigma and discrimination against people living with HIV/AIDS, the full recognition and realization of all human rights and fundamental freedoms are a part of the Government's programme. Despite the laudable achievements in the enactment of ground-breaking legislation, stigma and discrimination continue to pose a challenge to persons living with or affected by HIV and to create a barrier to detection, care and treatment, particularly among the most at-risk segment of the population. Nevertheless, through better prevention education and alternative resources, civil society is beginning to close the gap.

To eliminate parallel systems for HIV-related services and strengthen the integration of the AIDS response in global health and development, the Bahamas has established a public health programme approach by addressing the social determinants of health. The national AIDS programme has traditionally employed a multisectoral approach to address the complex issues and needs associated with HIV/AIDS and other health-related and social development challenges. In terms of social development, challenges persist in our efforts to meet the needs of orphans and vulnerable children. To improve the overall quality of the life of the populations, the Government is in the early consulting stage of establishing a multidisciplinary social safety net programme to assist in meeting the social development challenges and needs of the most vulnerable sectors of our society. The Bahamas will continue its effort to strengthen its national health-care and social-protection system to improve service delivery through the integration of AIDS and other

health-related responses in its overall socioeconomic and development strategy framework.

In conclusion, 2015 is fast approaching. Attention to HIV will continue to have an impact upon the achievement of the Millennium Development Goals. We cannot afford to rest on our laurels if we are to save successive generations from the challenges of HIV and AIDS. The post-2015 period will present significant development challenges for the entire world community as we seek to establish a more robust, sustainable and effective international development framework. Out concerted efforts must therefore, through shared responsibilities, increased resources and strong political will, be the beacon by which we steer the course towards the goal of an AIDS-free generation.

Mr. Yamazaki (Japan): My delegation would like thank the Secretary-General for his comprehensive report entitled "Accelerating the AIDS response: achieving the targets of the 2011 Political Declaration" (A/67/822). We would also like to thank the President of the General Assembly for giving us an opportunity to have a dialogue on this agenda item with other Member States.

More than 30 years have passed since HIV/AIDS first came to the world's attention. When it was first reported, in 1981, people feared AIDS not only because it was an unknown disease but also because it was an untreatable and fatal one. Our understanding of HIV/AIDS at that time was woefully insufficient. That lack of understanding led to discrimination and prejudice against patients and their families. However, thanks to the efforts of scientists and other medical professionals, the causative virus was identified and treatments to control it were developed. Today, HIV infection is a medically controllable disease.

Nevertheless, the number of people infected by HIV worldwide was estimated at approximately 34 million as of the end of 2011, with some 2.5 million people being newly infected annually. Various measures have enabled some countries to achieve a decrease in the number of newly infected individuals, while there are other countries where the number of newly infected patients continues to increase. Controlling the spread of HIV/AIDS remains a complicated and multifaceted challenge.

There are fewer than 1,000 days left to achieve the Millennium Development Goals (MDGs). With regard to HIV/AIDS, it is crucial for us to continue the steady implementation of the 2011 Political Declaration on HIV/AIDS (resolution 65/277, anex), and to move forward the ongoing discussions on the post-2015 United Nations development agenda. In that regard, my delegation would like to emphasize the importance of universal health coverage and taking a people-centred approach, as recommended in the report of the Secretary-General.

At the High-level Plenary Meeting on the MDGs held during the sixty-fifth session of the General Assembly in September 2010, my country committed to contributing $5 billion over five years starting from 2011 to address global health issues. That included our commitment to contribute up to $800 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria, as Japan announced at the Fund's third voluntary Replenishment Conference. We have been implementing those commitments in spite of our difficult financial situation, for the reason that health-related issues, including HIV/AIDS, are global issues that directly impact human security.

A lack of equitable access to life-saving HIV treatment, especially for women and children, needs to be dealt with. Human security provides a comprehensive approach that strengthens the protection and empowerment of people and communities in need. In that regard, Japan expects United Nations organizations and Member States to draw on this approach on the ground to fight HIV/AIDS.

My delegation believes that the concept of universal health coverage is essential for accelerating the response to HIV/AIDS. In order to enable all people to access services for HIV/AIDS, including prevention, diagnosis, treatment and health care, it is necessary to implement comprehensive measures to strengthen health systems as the foundation of universal health coverage, including specialized programmes for HIV/AIDS. For example, it is effective to integrate counter-HIV/AIDS programmes, such as counselling and voluntary testing for HIV during ordinary prenatal check-ups, into general health services.

Under our national health programme in Japan, we have established effective health and medical systems by locating health-care facilities nationwide and by training medical specialists such as doctors, nurses and pharmacists. Furthermore, Japan has achieved universal medical care insurance in order to enable everyone to access sufficient services. Our challenge now is to realize universal access to the necessary health-care

services for all people living with HIV/AIDS, as well as to eliminate prejudice and discrimination against them and their families.

While sparing no effort to achieve the MDGs, we also need to consider the post-2015 development agenda. Japan has been actively contributing to efforts to set that agenda through such means as organizing, since 2011, the Post-MDGs Contact Group. Furthermore, discussions on the post-2015 agenda are ongoing in various forums, which will serve as a good basis for the discussions among Member States. My delegation believes that the major challenges to be included in the new framework are equity and inclusiveness, universal health coverage, quality education, sustainability, resilience to natural disasters, economic growth and job creation. Among those, the principle of universal health coverage should be recognized as one of the major elements of health-related goals in future discussions. Japan is ready to share its experiences in the area of health, including on the implementation of universal health coverage, with the international community, and we will continue to support other Member States in their efforts to address HIV/AIDS.

Last week, the Government of Japan hosted the fifth Tokyo International Conference on African Development (TICAD V) in Japan together with the United Nations, the United Nations Development Programme, the World Bank, and the African Union Commission. With the participation of representatives of 51 African countries as well as representatives from many international organizations, the private sector, and non-governmental organizations, the Conference was a huge success. Participants reiterated that health-related issues, including infectious diseases such as HIV/AIDS, tuberculosis and malaria, were urgent concerns in African countries. We expect that the follow-up to the outcome of TICAD V, namely, the Yokohama Declaration 2013 and Yokohama Action Plan 2013-2017, will contribute to the prevention and treatment of HIV/AIDS and infectious and non-communicable diseases in African countries. We look forward to continuing work with the United Nations in that regard.

Mr. Lennartsson (Sweden): Sweden aligns itself with the statement made by the observer of the European Union earlier this afternoon.

Let me start by welcoming the report of the Secretary-General (A/67/822) on the progress made towards achieving the targets of the "Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS", which the General Assembly adopted in 2011 (resolution 65/277, annex). The results presented to us are astonishing. The world has never faced such a strong commitment and concerted efforts to achieve the HIV response that we are now seeing. Over the past seven years, from 2005 to 2012, there was a seven-fold increase in the number of people receiving treatment in Africa, from 1 million to more than 7 million.

But there is no time to slow down the efforts. We have learned that now is the golden moment to make a serious effort to halt the spread of HIV. The 2011-2015 strategy of the Joint United Nations Programme on HIV/AIDS (UNAIDS) is an excellent tool for that work. We strongly endorse the "three zeros" vision. However, we will never achieve our goals if we do not invest more in prevention that leads to behavioural changes. Treatment as prevention is not the sole solution. Expanding treatment as prevention would require significant improvements in the HIV and health-care infrastructures. We must act now through other means.

Primary prevention is an area that is still suffering. Young people — girls and boys and women and men — do have sex, and they have the right to be equipped with the knowledge that they need in order to make informed decisions. In the latest UNAIDS *Performance Monitoring Report*, it is noted that young people's knowledge of HIV appears to have stagnated or even diminishing. It is further stated that UNAIDS needs to translate an increased focus on sexuality education into improved knowledge levels.

In Africa there is now momentum for comprehensive sexuality education, both within and outside the formal school system. UNICEF, the United Nations Population Fund and UNESCO have strengthened capacity and resources to review and develop curriculums to reduce risk behaviour in 17 African countries. We all need to support the work that has started. HIV-prevention information is not enough to promote the adoption of healthy behaviour, but it is a necessary prerequisite for positive change.

We need also to continue efforts to enable even more people to get access to treatment and the possibility both to survive and to lead healthy lives. The UNAIDS investment framework is an important tool to maximize the value of invested resources. But we must also increase both domestic and international

resources. Integration and effective health systems are key to not only expansion but sustainability of results.

Another area that we need to address in order to be successful in our work to halt the spread of HIV — and if we are serious when we say that every human being has the right to enjoy the highest attainable standard of health — is discrimination. According to the UNAIDS *Performance Monitoring Report*, an increasing number of processes and programmes are addressing HIV-related stigma and discrimination and support for enabling legal environments. But it is still not enough. The unequal status of women and girls and harmful gender norms constitute a threat to women and girls' rights to health and is a driver of the continued HIV epidemic.

Around the world people experience discrimination and serious violence due to their sexual orientation or gender identity. Even if there are international standards regarding HIV, human rights and the law, there is a challenge to translate those into reduced stigma and protective laws.

People selling sex, men who have sex with men, transgender people and people who inject drugs continue to be criminalized in many countries, which seriously affects their ability to access HIV services or other rights. We must fight for all people's rights and support organizations that work to make change happen and to raise awareness among the general public.

Mrs. Petit (France) (*spoke in French*): At the outset, France aligns itself with the statement made by the observer of the European Union.

We thank the Secretary-General for his report (A/67/822). It is indeed possible to hope for a future generation that is free of HIV, which will require sustained and meaningful efforts. France has prioritized its commitment to the fight against HIV/AIDS. We reaffirm our commitment to providing a national and international response to the epidemic.

At the national level, France is implementing a plan to fight HIV/AIDS and sexually transmitted diseases for the period 2010-2014. The plan is based on five pillars: prevention, screening, medical care, social assistance and fighting discrimination and research.

Progress has been made, in particular on HIV screening through recent access to self-screening tests, as well with regard to reducing AIDS-related mortality. That progress has been made due in part to non-discriminatory treatment of vulnerable populations, particularly members of the lesbian, gay, bisexual and transgender community and through harm-reduction policies for drug users and through a fully guaranteed sexual right to zero-positive reproductive health care, particularly through the reimbursement of all contraceptives for young women between 15 and 18 years of age.

The fight against HIV and AIDS requires financial support, as well as a commitment to equality, social justice and to defending fundamental rights. France plays its full role in those efforts at the international level, as is especially evident in its financial contributions, which are among the highest in the world and totalled €313 million in 2012. France is the second-largest donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria, with more than €1 billion donated from 2011 to 2013, that is, €360 million annually. We are also the number-one donor to the International Drug Purchase Facility (UNITAID) — €100 million in 2012 — thanks to innovative funding. Those efforts have borne fruit. Due to a drop in the cost of antiretroviral therapy, there has been a successful reduction in mother-to-child transmission of HIV.

In that regard, France pays tribute to the role of the Joint United Nations Programme on HIV/AIDS, the Global Fund and UNITAID, as well as regional initiatives including the African Union road map on shared responsibility and global solidarity. However, 7 million eligible people still have not received treatment. The population with the highest prevalence has no equitable access to services. We must therefore accelerate the achievement of the Millennium Development Goals and maintain our efforts post-2015. The fight against HIV and AIDS should be multisectoral and have an integrated-approach. We hope that the post-2015 development framework will measure up to the stakes involved. The fight against AIDS, TB and malaria, as well as maternal and child health and the fight against non-communicable diseases, require a strengthening of health care systems. We must give non-discriminatory access to services that are deemed by all to be of high quality. That is the definition of universal health-care coverage. We hope that goal of comprehensive, universal and quantifiable health care will have its proper place in the post-2015 development agenda.

Mr. Koko (Côte d'Ivoire) (*spoke in French*): I would like to express my delegation's thanks to the President

for this opportunity to address the General Assembly on the implementation of the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and the Political Declaration on HIV/AIDS (resolution 65/277, annex).

My delegation fully associates itself with the statement made earlier on behalf of the African Group by the Permanent Representative of Djibouti, His Excellency Mr. Roble Olhaye.

I would like to take this opportunity to particularly thank the Secretary-General, the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), our development partners and the Government of the United States, which, through the United States President's Emergency Plan for AIDS Relief, has provided so much technical and financial support to Côte d'Ivoire in the fight against HIV/AIDS.

With a population estimated at 23 million inhabitants, my country remains the most affected State in West Africa, with a prevalence rate of 3.7 per cent, according to the 2011-2012 Demographic and Health Survey, while also being marked by a growing feminization of the epidemic. Moreover, the prevalence rate is three to four times higher among higher-risk populations. That means that Côte d'Ivoire is a State with a mixed epidemic. However, the resolute determination of the Government and the support of the international community have enabled us to achieve the progress set out in the report of the Secretary-General (A/67/822).

From 2011 to 2012, we increased the percentage of adults and children eligible for antiviral treatment from 45 to 50.47 per cent. The percentage of estimated new cases of tuberculosis linked to HIV that have received treatment, both against tuberculosis and HIV, rose from 33 per cent to 45.58 per cent in the same period. That points to an improvement in services, which have increased owing to the implementation of the World Health Organization's recommendations.

Côte d'Ivoire is committed to eliminating mother-to-child HIV transmission by implementing a plan to eliminate that type of transmission. The percentage of pregnant women receiving antiviral drugs to help reduce the risk of transmission to their children rose from 29 per cent in 2011 to 38 per cent in 2012. Similarly, the percentage of children born to HIV-positive mothers who were tested during their first two months rose from 4 per cent to 14.33 per cent from 2011 to 2012.

Despite those encouraging results challenges remain, for example, improving young people's level of awareness about HIV. Only 18 per cent of Côte d'Ivoire's young people aged from 18 to 24 have any understanding of HIV. With regard to young people delaying the age of sexual encounters, 18.23 per cent of young people aged 15 to 24 years have had sexual encounters before the age of 15.

One challenge is improving the quality of services provided, services for which strategies have been developed. A second challenge is the need to strengthen health awareness and coordination in response to HIV at all levels of the health-care pyramid, as well as ensuring the participation of community services in such work. The increase in resources devoted to combating AIDS is also a challenge. National and international expenditures to combat AIDS by category and sources have decreased from $117.6 million to $112.7 million.

Despite the crisis situation in Côte d'Ivoire in 2010 and 2011, there have been encouraging results, including in prevention, care and treatment thanks to anti-retroviral drugs. The contribution of civil society to the national response through community support and the fight against stigmatization and discrimination, in the context of respect for human rights for individuals living with HIV and AIDS, was quite significant.

To tackle the decrease in resources, Côte d'Ivoire has imposed a tax on tobacco and developed a national resource mobilization plan. The Government pays special attention to the issue of HIV and AIDS. It is for this reason that President Alassane Ouattara has decreed that 2013 would be the Year of Health in Côte d'Ivoire. Concerning AIDS, target populations are included in the national strategic plan elaborated following the 2011 Political Declaration.

I cannot conclude without expressing our thanks once again to UNAIDS and Executive Director Michel Sidibé for their unstinting cooperation with the Government of Côte d'Ivoire and all actors and stakeholders combating HIV and AIDS in Côte d'Ivoire and throughout the world.

Mr. Sinhaseni (Thailand): The delegation of Thailand would like to thank the Secretary-General for his report (A/67/822). The solid recommendations contained therein and the frank assessment of our gains and of the obstacles on the road ahead will serve the international community well in our continuing

fight against HIV/AIDS. In that connection, Thailand looks forward to the convening of the special event of the General Assembly this year to follow up on the discussions on achieving the Millennium Development Goals, as well as to discussions to formulate the post-2015 development agenda.

As the Secretary-General puts it so succinctly in his report, AIDS is not over. Thailand therefore welcomes the efforts of Member States to redouble efforts to eliminate HIV/AIDS and to continue to address the AIDS epidemic. Those efforts have led to tangible successes since the adoption of the 2011 Political Declaration on HIV/AIDS (resolution 65/277, annex). At the same time, the Secretary-General also rightly points out that much remains to be done. For Thailand, that means maintaining the momentum to move forward in a sustainable manner to the three zeroes: zero new HIV infections, zero discrimination and zero AIDS-related deaths.

First, in working to achieve zero new infections and zero discrimination, Thailand has implemented a rights-based and gender-sensitive approach to the issue. We view that approach as integral to providing high-quality prevention services to all key affected populations. We are also experimenting with pilot innovative financing models, such as a country prevention fund, to help scale up our prevention response.

Secondly, Thailand strongly believes that in order to achieve zero AIDS-related deaths, we must scale up our treatment programmes. We find it unacceptable that approximately 7 million people lack access to life-saving HIV treatment, and we find it even more appalling that access is lowest among children. In that regard, we would like to stress the enormous importance of utilizing the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights, which will continue to be an essential means to enabling the achievement of universal access, which in turn will support our efforts to achieve zero AIDS-related deaths and zero new HIV infections. Preserving the availability of generic alternatives to branded medicines and increasing the capacity of low- and middle-income countries to develop and manufacture essential medicines must also be part of the equation. We must continue to do our utmost to ensure access to medicines if we are to take our response to HIV and AIDS seriously.

Thirdly, Thailand recognizes that to achieve the three zeroes, we must also enhance our coordination and cooperation beyond our borders. With contributions from the Global Fund, we have been able to provide HIV prevention, treatment and care for migrant workers from neighbouring countries. In November, Thailand will host the eleventh International Congress on AIDS in Asia and the Pacific. We hope it will contribute to strengthening regional and international efforts in the fight against HIV and AIDS.

Health in general, and the fight against HIV/AIDS in particular, must continue to figure prominently on the future global development agenda. We are therefore in total agreement with the Secretary-General's recommendation that the post-2015 development agenda should take forward the vision of the "three zeroes". Moreover, as a member of the Open Working Group on the Sustainable Development Goals (SDGs), Thailand hopes fervently that health, including the fight against HIV/AIDS, will be adequately addressed within the context of the SDGs.

Finally, Thailand reaffirms its commitment to the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex), and will continue to actively engage in and follow closely the initiatives and discussions that will enable us to do even more to close the gaps, particularly budgetary ones.

The meeting rose at 6.10 p.m.